District of Columbia
Department of Health

School Based Health Center Program

Request for Applications

RFA# CHA.5SBHC.04.01.16

Submission Deadline: Monday, May 2, 2016 by 4:15 pm

The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.

Department of Health (DOH)
Community Health Administration (CHA)
Notice of Funding Availability (NOFA) AMENDED
Request for Applications (RFA)
RFA# CHA.5SBHC.04.01.16

School Based Health Centers

This notice supersedes the notice published in DC Register on March 11, 2016 Vol 63/12

The Government of the District of Columbia Department of Health (DOH) Community Health Administration (CHA) is soliciting applications from qualified applicants to improve access to primary health services for high school students by operating School Based Health Centers (SBHC) in District of Columbia Public Schools (DCPS). SBHCs are located in Anacostia, Ballou, Cardozo, Coolidge, Dunbar, H.D. Woodson and Roosevelt Senior High Schools.

Approximately $2,275,000.00 in local appropriated funds is available for the FY16 grants. Up to $325,000 will be made available for each award for up to seven (7) awards. Awards are projected to begin July 1, 2016 and continue through September 30, 2020. There will be four budget periods. The first budget period is prorated to 3 months, ending September 30, 2016. Subsequent budget periods will be for 12 months with the second beginning October 1, 2016. The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance. Initial funding is made available under the District of Columbia Fiscal Year 2016 (FY16) Budget Support Act of 2015.

The following entities are eligible to apply: non-profit, public and private organizations with demonstrated experience providing primary health care services for adolescents in the District of Columbia.

Application Process: The Request for Application RFA# CHA.5SBHC.04.01.16 will be released on Friday, April 1, 2016. The RFA will be posted on the Office of Partnerships and Grant Services website, under the District Grants Clearinghouse, http://opgs.dc.gov/page/opgs-district- grants-clearinghouse. A limited number of copies of the RFA will be available for pick up at DOH/CHA offices located at 899 North Capitol Street, NE, Third Floor, Washington, DC**.

The deadline for submission is Monday May 2, 2016 at 4:15 pm. All applications must be received in the DOH/CHA suite on the third floor by 4:15 pm. **Late submissions and incomplete applications will not be forwarded to the review panel.**

A Pre-Application Conference will be held at the CHA offices located at 899 North Capitol Street, NE, 3rd Floor Washington, DC 20002 on **Friday April 8, 2016, from 11:00 am to 12:30 pm**. If you have any questions please contact Charlissa Quick at charlissa.quick@dc.gov or at (202) 442-9123.

**CHA is located in a secured building. Government issued identification must be presented for entrance.

District of Columbia Department of Health
RFA Terms and Conditions

v06.2015

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

- The RFA does not commit DOH to make any award.

- Individual persons are not eligible to apply or receive funding under any DOH RFA.

- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.

- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number

of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.

- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.

- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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I. CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Funding and affixed it to the front of the Application Package.
- The Complete **Application Package,** includes the following:
- DOH Application for Funding
- Project Narrative
- Project Work plan
- Project Budget & Justification
- Package of Assurances and Certification Documents
- Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, Past Performance Review, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- The Project Narrative is printed on 8½ by 11-inch paper, **single-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the "Application Elements" listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed work plan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and (1) hard copy.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.

The application is submitted to **DOH, 899 North Capitol St., NE, 3rd. Floor Reception Area** no later than **4:15 p.m**., on the deadline date of **May 2, 2016.**

II. GENERAL INFORMATION

A. Key Dates

- Notice of Funding Announcement: **March 4, 2016**
- Request for Application Release Date: **April 1, 2016**
- Pre-Application Meeting Date: **April 8, 2016**
- Application Submission Deadline: **May 2, 2016**

B. Overview

The Government of the District of Columbia, Department of Health's (DOH), Community Health Administration (CHA) is soliciting applications from qualified public, private and not-for-profit organizations located and licensed to conduct business within the District of Columbia to improve access to health services for students by operating existing and newly constructed School-Based Health Centers (SBHC). The overall goal is to improve the social, emotional, and behavioral health of students by addressing these needs in a school setting. Services include promoting an adolescent-friendly health environment, assuring coordination of care, and serving as a medical home.

CHA, in collaboration with District public schools, healthcare providers and community-based partner organization, has created a network of programs designed to coordinate and deliver school-based health services. These programs include the School Health Services Program, School Based Health Centers, the Health and Sexual Health Education (HSE) Program, and Rape Prevention and Education Program. Additionally, CHA supports teen pregnancy prevention through providing administrative oversight for locally-funded teen pregnancy prevention initiatives.

Within CHA, the CASH Bureau monitors School-Based Health Centers (SBHCs), comprehensive primary care clinics located within schools, offering a range of health services including primary and preventative care, mental health and wellness, sexual health, health education and health promotion. SBHCs are a powerful investment in the health and academic potential of children and adolescents, by providing students with an entry point into health care in a location that is safe, convenient, and accessible. These centers are staffed by licensed professionals with the experience and expertise to deliver quality care while addressing the broad range of concerns that affect students' healthy development. SBHCs also have the potential to expand their public health role and impact to the entire school by reducing barriers to learning school-wide. The services SBHCs deliver improve the overall health of students, and through utilizing their communities as the context, minimize the effects of poverty and other adverse experiences on their academic success.

C. Performance and Funding Period

Awards are projected to begin July 1, 2016 and continue through September 30, 2020. Approximately $2,275,000.00 in local appropriated funds is available for the FY16 grants. Up to $325,000 will be made available for each award for up to seven (7) awards. There will be four budget periods. The first budget period is prorated to 3 months, ending September 30, 2016. Subsequent budget periods will be for 12 months with the second beginning October 1, 2016. DOH will determine the location of grantee services at one or several of the SBHC's based on the

applicant response to this RFA. SBHCs are located at the following DCPS locations: Cardozo Education Campus, Anacostia, Ballou, Coolidge, Dunbar and H.D. Woodson High Schools and the newly constructed, Roosevelt International High School. All awards resulting from this RFA are contingent upon the continued availability of local funds.

D. Eligible Organizations/Entities

Eligible applicants include public, private and not-for-profit organizations serving District residents. Considered for funding shall be organizations meeting the eligibility criteria and having documentation of providing primary care services to adolescents in an ambulatory care setting. Applicants must demonstrate experience providing health services to school-aged children, young adults and students with special health care needs.

III. BACKGROUND

A. District of Columbia

According to the 2014 Census, the District of Columbia's population is 658,893 residents. Approximately 42,828 children between the ages of zero (0) and five (5) are included in that number, representing 6.5% of the District's population. In total, the District experienced a 9.5% increase in population over the 601,767 residents recorded in the 2010 Census.

The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest). The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly in terms of socioeconomic status and ethnicity.

The Northwest quadrant of the District includes Wards 1 and 4, both of which are home to a substantial number of Hispanic residents. The Northeast quadrant's Wards 5 and 6 residents are predominately middle-class African Americans. While 96% of the residents in Wards 7 and 8 are also African American, the residents of the Southeast quadrant earn lower incomes, have higher poverty rates, and experience higher rates of unemployment than their counterparts in the District's other five wards[1].

Of the 85,403 students enrolled in District of Columbia public schools for the 2014-2015 school year, 44% were eligible for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), a proxy measure of student poverty.[2] These students must navigate a variety of challenges associated with living in low-income households and neighborhoods. Barriers often relate to unaddressed health needs

[1] DC Office of Planning/State Data Center using U.S. Census Bureau 2010 Census Summary File 1 Data.
[2] Office of the State Superintendent of Education (2015). SY2014-15 enrollment audit. Retrieved from, http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Enrollment%20Audit_updated_2015_7_31.xlsx

concomitant with acute and chronic illness, but also include broader social factors that influence preparedness to learn, such as the effects of hunger, homelessness, and negative school climates.

B. Adolescents in the District of Columbia

In addition to high rates of poverty, District public school students also experience chronic health issues, with about 30% of the entire student body being classified as medically fragile.[3] Preliminary findings of the Department of Health School Health Needs Assessment identify the areas of asthma, behavioral health and sexual health as significant drivers of adolescent health disparities. The 2012 Youth Risk Behavior Survey (YRBS) found that 31% of high school students in the District had experienced asthma symptoms over the course of their lifetime, compared with 21% nationally[4]. Behavioral health needs can be gleaned from data showing that self-report of attempted suicide by DC students has consistently been double the national average of 6.3 percent. District youth also report higher than average rates of marijuana and other drug use including inhalants, heroin, methamphetamines and steroids.

More than half of youth responding to the 2012 YRBS indicated that they were sexually active. For District youth in grades 9th-12th, 14.9% had sexual intercourse before the age of 13, 21.7% had sexual intercourse with four or more persons during their lifetime and 36.6% are currently sexually active. Additionally, 29.9% did not wear a condom during their last sexual intercourse and 92% did not use birth control pills. While steadily declining, with a decrease from 61.4 to 49.4 pregnancies per 1000 women ages 15-19 from 2008 to 2012, the District maintains high rates of teen pregnancy.[5] Disparities persist between races and Wards. In 2013, the highest teen births were in Ward 8 (74.2 births per 1000 women ages 15-19) followed by Ward 7 (55.7), and 6 (43.3). Wards 2 and 3 had the lowest number of teen births. Sexually transmitted infections (STIs) disproportionally affect District adolescents, with highest prevalence reported by residents in Wards 7 and 8. Sexual intercourse and contraceptive use play an integral role in the reproductive health of adolescents. Teen pregnancy can have many negative social and economic impacts, including increased school drop-out rates, increased health care costs and increased incarceration rates among teen parents and their children.[6]

Adolescence is a critical period of life for all individuals. Behavioral habits established during this developmental period influence health outcomes later in life, such as the development of chronic disease. Because choices made in this period can impact life course trajectory, it is imperative that adolescents adopt healthy lifestyle habits in order to positively impact their long-term health and wellbeing.

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[3] Children's School Services (2015). CSS Annual Report for School Year 2014-15.

[4] District of Columbia Youth Risk Behavior Survey (2012). Retrieved from: http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2012%20DC%20YRBS_OSSE_0.pdf.

[5] Roundtree, M., Roy, N., Samala, R., Siaway, G. (2014). Reported Pregnancies and Pregnancy Rates In The District Of Columbia. Department of Health, Center for Policy, Planning, and Evaluation, State Center For Health Statistics. Retrieved from: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20(9%2025%2014).pdf.

[6] Reproductive Health: Teen Pregnancy (2015). Centers for Disease Control and Prevention, May 19, 2015. http://www.cdc.gov/teenpregnancy/about/index.htm.

C. School Based Health Centers

A growing body of research demonstrates the critical link between student health and academic performance. Nearly one-third of all students in the United States do not graduate from high school on time. For economically disadvantaged and minority students, that number jumps up dramatically. In the District of Columbia, this discrepancy is illustrated by the 2015 graduation rates, showing that while 84.5% of white students graduated from high school, only 63.9% of African Americans, 65.6 % of Latinos and 65.8% of economically disadvantaged students graduated high school in four years (Table 1). Healthy People 2020 objectives recognize that school dropout is a critical public health issue facing some of the country's most vulnerable children and adolescents *and* requires a comprehensive, consumer-centered, school-based approach to prevent and reverse.[7] Students who don't graduate face lifelong health risks and high medical costs, and are more likely to engage in risky health behaviors. They are less likely to be employed and more likely to earn less, continuing the cycle of poverty. School-based health centers (SBHC) have demonstrated both health and educational value. SBHCs significantly reduce health care access disparities among black and disabled students, with evidence supporting improvement in attendance and increased graduation rates.

Table 1. DC 2015 4-year Adjusted Cohort Graduation Rates, by Subgroup[8]

2015 ACGR by Subgroup

Sector	Overall	Gender		Race					Economic Disadvantage	FLL	SPED
		Female	Male	African-American	Latino	White	Asian	Multi-Ethnic			
STATE	65.4% (3210)	72.0% (1746)	58.9% (1464)	63.9% (2548)	65.6% (379)	84.5% (191)	79.4% (54)	74.4% (32)	65.8% (2661)	59.6% (235)	42.9% (462)
DCPS	64.4% (2223)	69.9% (1159)	59.2% (1064)	61.7% (1656)	66.0% (299)	85.6% (184)	81.7% (49)	78.9% (30)	63.9% (1735)	60.3% (190)	40.7% (299)
PCS	71.7% (961)	79.5% (570)	62.7% (391)	72.4% (867)	66.9% (79)	DS (<25)	DS (<25)	DS (<25)	72.6% (900)	59.7% (40)	54.1% (153)
State Programs	22.0% (26)	34.0% (17)	13.2% (9)	22.9% (25)	DS (<25)	DS (<25)	DS (<25)	DS (<25)	28.3% (26)	DS (<25)	DS (<25)

School health services provide vital resources that support children so they are healthy and ready to learn. For many students who lack consistency in regularly accessing community health providers, school-based health personnel provide a regular access and entry point to health services. SBHCs are a powerful investment in the health and academic potential of children and adolescents, offering a range of health services including primary and preventive care, oral health, behavioral health, confidential sexual health services, health education, and health promotion. The understanding that a broad array of factors impact student success informed the development of the Whole School, Whole Community, Whole Child (WSCC) model, which calls for cross-

[7] 2020 Adolescent Health Objectives, HealthyPeople.Gov, http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=2#1126.

[8] 2014-15 Adjusted Cohort Graduation Rate, Office of the State Superintendent of Education. Retrieved 3/15/16 from: http://osse.dc.gov/publication/2014-15-adjusted-cohort-graduation-rate.

disciplinary partnerships between agencies and organizations to comprehensively support student well-being.

Following the WSCC model, DOH is responding to the call for greater alignment, integration, and collaboration between education and health sectors to optimize each child's cognitive, physical, social, and emotional development. WSSC, developed by ASCD (formerly the Association for Supervision and Curriculum Development) and the US Centers for Disease Control (CDC), builds on elements of the eight component Coordinated School Health approach by contextualizing a child's wellness within the larger community and emphasizing the role the social and emotional climate, the physical environment, community involvement and family engagement play in a student's success. This cross-sector approach holds the potential for greater efficiency, reduced resource consumption, and improved outcomes for both sectors, while meeting the needs to support the full potential of each child.

DOH is seeking to implement a comprehensive, integrated and collaborative model of providing equitable health services in our School Based Health Centers. The overall goal of the DOH SBHC program is to improve the social, emotional, and behavioral health of students, as well as minimize the effects of poverty and other adverse experiences, enabling students to thrive in the classroom and beyond. We promote an adolescent-friendly approach due to evidence supporting the need for care to be accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient.[9]

IV. PURPOSE

The Government of the District of Columbia, Department of Health (DOH), and Community Health Administration (CHA) is soliciting applications from qualified applicants to provide comprehensive, coordinated school-based health services, to improve access to care and to improve student health outcomes by operating existing and newly constructed School Based Health Centers (SBHC).

V. ADMINISTRATIVE REQUIREMENTS

A. Award Uses

Each grant awarded under this RFA will be used exclusively to pay costs associated with the implementation and operations of each SBHC on this RFA. Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan. Applicants shall only use grant funds to support the program listed in this RFA consistent with the terms as outlined in this RFA and the DOH Standard Terms of Agreement.

B. Conditions of Award

[9] McIntyre, P. (October 2002). Adolescent Friendly Health Services- An Agenda for Change. Retrieved 02/14/16 from: http://apps.who.int/iris/bitstream/10665/67923/1/WHO_FCH_CAH_02.14.pdf.

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) will be required to:

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre- award negotiations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of the DOH and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.
- Develop a sustainability plan for the proposed initiative~~/~~(s).

C. Administrative Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

D. Insurance

All applicants that receive awards under this RFA shall have insurance coverage for bodily injury and property damage, errors and omissions, officer's liability and professional liability of no less than five million dollars ($5,000,000) per claim and ten million dollars ($10,000,000) per accident.

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Awardees subject to A-133 rules must have available and submit the most recent audit reports, as requested by DOH personnel.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

G. Quality Assurance

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the awardee. Awardees will submit an interim and final report on progress, successes and barriers. Continued funding is contingent upon the awardee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan

and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The awardee will receive a performance rating and subject to review at any time during the budget period. A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

VI. PERFORMANCE REQUIREMENTS

A. Target Population

Students enrolled in the school in which the School Based Health Center (SBHC) is located and their children.

B. Location of Services

DOH will provide grant funding, oversight and technical assistance to seven (7) sites located within District of Columbia Public Schools (DCPS): Anacostia, Ballou, Coolidge, Dunbar, H.D. Woodson H.S and Roosevelt International High Schools and Cardozo Education Campus. The SBHCs are open for service whenever the school building is open with an anticipated minimum of 40 operating hours per week Monday thru Friday. During DCPS breaks (summer, spring, holidays), SBHCs remain operational with a minimum of 20 hours per week. Minimal scheduling variance is expected at the discretion of DCPS and school administration. Applicants may apply to operate one or more SBHC based on capacity to provide services. DOH will determine location assignments for successful applicants.

C. Program Design and Implementation Plan

Applicants shall design a SBHC program(s) to deliver comprehensive, adolescent-friendly health services in one or more school-based health centers in the District of Columbia incorporating the Whole School, Whole Community, Whole Child (WSCC) framework. Services must comply with Federal and State health and education laws and regulations governing privacy, discrimination, and provision of health services to children in schools.

D. Scope of Services

The School Based Health Alliance has published core competencies which encompass the knowledge, expertise, attributes and practices a SBHC should demonstrate to achieve student wellness.[10] These competencies help shape the scope of work for DOH-operated SBHCs. These include access, student-focus, school integration, accountability, school wellness, systems coordination and sustainability.

[10] School Based Health Alliance, Core Competencies. Retrieved 3/15/16 from: http://www.sbh4all.org/resources/core-competencies.

1. Access: The SBHC assures students have access to health care and support services to help them thrive. Adolescent friendly care is accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient. Student access is heightened by SBHC policies that accept walk-ins and offer same-day appointments when possible. The school and SBHC have a clear protocol for referrals from faculty and staff.

   The Grantee will provide comprehensive medical services at the SBHC in accordance with a detailed staffing and work plan. The provision of high quality primary care services along with linkages and referrals to appropriate additional services is required to meet the unique needs of District students. The following are services required **daily** at SBHCs unless frequency is otherwise specified.

   - Minimum in-house services will include:
     a. Preventive health- protect, promote, and maintain health through age and risk appropriate screenings; EPSDT and well child exams; immunizations
     b. Chronic disease management- evaluation, treatment, counseling, and plan of care development for a wide range of diseases including, but not limited to, asthma, diabetes, and obesity; case management and referrals to specialists as needed.
     c. Acute care –non-urgent walk-in care; treatment of exacerbation of chronic conditions; illness management; identification and referral of emergency care needs
     d. Sexual Health- reproductive care and life planning; contraceptive counseling and provision, including long-acting reversible contraceptives (subdermal implants and IUDs); sexually transmitted infection screening and counseling; prenatal care and IUD insertion should be available at least once weekly.
     e. Oral Health- preventive services including examinations, cleanings, sealants, topical fluoride treatments, education and counseling; basic operative services including fillings, scaling, deep cleanings; pulpectomies, acute care and consultation; oral health services should be available one half day per week or as needed based on patient volume
     f. Mental health- assessments; early intervention; treatment services, including individual and group counseling; substance abuse and other psychiatric referrals.
   - Linkage and referral systems shall be crafted to ensure adequate services are available to students along with a mechanism of tracking connections made. Community linkages include, but are not limited to:
     a. Social services (such as housing and nutrition supports)
     b. Targeted programs (such as parenting and interpersonal violence programs)
     c. Behavioral health (such as individual therapy and substance abuse treatment)
     d. Specialty and emergency health services
     e. Primary care provider/medical home, if applicable

2. Student-Focus: The SBHC team and services are organized explicitly around relevant health issues that affect student well-being and academic success. This includes community asset mapping, needs assessments and evaluation of services.

   DOH recognizes School-based health centers are not only an effective delivery system for access to clinical care, but are also uniquely poised to manage the health and social factors that can impede health and educational attainment. The applicant will work in conjunction with

DOH, their partners and the school community to identify, assess and address the needs of the student population. Efforts under this competency aim to integrate essential public health principles into the SBHC to achieve optimal health and the highest level of academic achievement.

3. School Integration: The SBHC, although governed and administered separately from the school, integrates into the education and environment to support the school's mission of student success.

   The WSCC model highlights that schools and school health providers have the shared mission of ensuring that students succeed and thrive. SBHCs integrate into the education environment by contributing directly to the individual school's mission and delivering outcomes that are important to educators. The SBHC program will engage and collaborate with local wellness councils, school administrators, teachers, and support staff to ensure partnerships meet student needs efficiently, effectively, and seamlessly. Collaborative efforts necessitate establishing shared goals. SBHC programs shall work with the school community and DOH to establish and implement best practices for consent, utilization and retention strategies, aiding in center success. The SBHC will also serve as a partner in management of crisis response and support through participation in prevention and intervention plans for emerging health and public health issues.

4. Accountability: The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.

   Quality improvement, quality assurance, and performance measurement are key components to evaluate the appropriateness, effectiveness, and accessibility of services; to assess patient and community satisfaction; and to assure accountability to partners and other stakeholders.

5. School Wellness: The SBHC promotes a culture of health across the entire school community.

   SBHCs will use both a population health approach and effective school collaboration strategies to achieve this competency. Efforts may include school-wide assessment, integration, engagement, health promotion and empowerment.

6. Systems Coordination: The SBHC coordinates across relevant systems of care that share in the well-being of its patients.

   SBHCs will engage in strategies to improve systems level communication among schools, relevant government agencies, other health providers, community based service providers, students, parents/guardians and other systems of care. Improving communication improves continuity of care, reduces fragmentation, and prevents duplication of services. SBHCs will ensure appropriate data sharing agreements and communication protocols are in place with the assistance of DOH. Additionally, when emerging public health issues arise, the SBHC will coordinate with DOH on appropriate next steps and practice change needs.

7. Sustainability: The SBHC employs sound management practices to ensure a sustainable business including billing management and compliance.

   Billing infrastructure for reimbursable services is expected using dedicated personnel and sound policies and procedures. SBHCs employ business models and financial planning strategies, including plans for managing revenue through reimbursement of services and any non-District grant funding which contributes to the creation of long term goals. Sustainability planning may include establishing a business plan with financial performance metrics that take into account volume by provider and payer source. DOH will work with SBHC grantees and other District agencies on ongoing efforts to establish long term sustainability strategies.

E. Staff and Organization, Management and Operations Infrastructure

Applicant shall design and implement a school based health center program. SBHCs are staffed by licensed professionals with the experience and expertise to deliver quality care that addresses the broad range of concerns that affect students' healthy development. In addition to clinical care, staff will be needed to ensure a positive clinic flow, accurate billing, and data entry and reporting. The applicant's implementation plan shall contain an adequate staffing plan to fulfill the full scope of services, accomplish the work plan and include, at minimum, the following key personnel:

Medical Director: Responsibilities may include direct medical care, supervision, consultation, and technical assistance, including the development of policies and protocols. This physician will provide clinical oversight.

SBHC Operations Manager: Responsibilities may include managing operational procedures such as preparation of the annual budget; equipment and supply purchases; applicable staff supervision; oversight of grant reports; oversight of continuous quality improvement activities. Additional responsibilities may include coordinating interval needs assessments, coordinating health promotion activities, and overseeing risk reduction activities. The operations manager is responsible for maintaining a good relationship with the school and community. This role of community and school liaison includes communication and coordination of services with the sponsoring agency, attending meetings of the local wellness councils, and communicating with school administration, faculty and staff frequently.

Health Care Providers (Physician, Nurse Practitioner, and Physician Assistant): The licensed medical providers deliver a full range of general medical care for patients at the SBHC as detailed in the Scope of Services. This includes preventive services, chronic disease management, acute care, reproductive health care, and obstetrical/prenatal care. The scope of services provided must be congruent with her/his training and licensure and applicable legislation.

Mental Health Provider: Specific services include: primary prevention; individual and family assessment, treatment and referral. The mental health provider may be a LICSW, LCSW, LPC, psychiatrist, or psychologist.

Oral Health Provider: This licensed provider delivers preventive services including, examinations, cleanings, sealants, topical fluoride treatments, education and counseling. Other requirements are basic operative services, including fillings, scaling, deep cleanings pulpectomies, acute care and consultation.

Applicants shall ensure all staff meets the standards and requirements of the appropriate health professions board, and all safety and security requirements.

F. Data Requirements

The applicant shall ensure that an electronic clinical records system with the ability to produce required reports is fully operational within 30 days following award and for the duration of the grant period.

The applicant shall develop and provide the following reports to the Grant Monitor:

- Monthly patient demographic reports, including, but not limited to:
  - Number of patients seen by gender, sex, age, grade level, race/ethnicity and insurance type
  - Number of walk-in (unscheduled) visits
  - Number of scheduled appointments and appointment "no-shows"
  - Number of unduplicated patients seen
- Monthly clinical services reports, including, but not limited to:
  - Number of well visits; number of chronic disease management visits by disease type (asthma, diabetes, other); number of behavioral health visits; number of sexual transmitted infection screening visits; number of contraceptive management visits; number of acute care visits; number of preventive oral health visits by visit type (cleanings, sealants and fluoride); number of light restorative oral health services (basic fillings, pulpectomies or other)
- Monthly clinical linkages reports
  - Number of referrals by service type, including, but not limited to, mental health services, substance abuse services, housing support services, legal services, prenatal services, parenting supports
- Quarterly data reports (aggregates of monthly reporting)
- Cumulative annual data reports;
- Ad hoc reports as requested.

G. Program Evaluation

Applicants shall provide an evaluation plan designed to demonstrate the effectiveness of the school based health center in addressing the health needs of the population served and the efficiency of health service delivery. Evaluation plans should follow an established scientific framework, such as the Centers for Disease Control's Framework for Program Evaluation for Public Health Programs or the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework. Evaluation plans should include logic models and specific process and outcome measures. Relative improvements in selected student health and academic outcomes by the final budget period should be clearly defined and should drive the determination of inputs, activities and process measures.

H. Quality Improvement

Applicants shall provide a plan to implement continuous quality improvement (CQI) initiatives within the school based health centers. CQI initiatives shall aim to improve student health outcomes and SBHC service delivery. CQI activities shall follow an established scientific framework, such as IHI Model for Improvement, Lean and Six Sigma. CQI plans should include key staff, proposed data collection and data analysis procedures and proposed timelines. SBHC operators are expected to complete at least four (4) CQI projects/cycles per school year.

I. Quality Assurance

Applicants shall provide a plan to implement a quality assurance (QA) program within the school based health center. QA programs should ensure the SBHC complies with existing standards of clinical practice, operates comparably to non-school based health centers organizations and attains eligibility for insurance reimbursement. QA plans should contain the following elements at a minimum:

- Clinician credentialing
- Professional continuing education
- Clinical protocol and guideline development and monitoring
- Utilization review/ health records review
- Student (patient) and/or parent grievance submission and review procedures
- School staff grievance submission and review procedures
- Assessment of student (patient), parent and school staff satisfaction
- Assurance of compliance with appropriate state and federal regulations
- Risk minimization/management procedures

The QA plan may correspond with or include elements of quality improvement plans.

J. Policy Development

Applicant shall collaborate with the Department of Health on the development of school based health center policies and procedures.

VII. APPLICATION REQUIRED CONTENT

A. Background (limit 2 pages)

- Describe the applicant's understanding of the health and wellness needs of the District's adolescent population.
- Describe the applicant's understanding of the role of health equity in addressing adolescent health needs.
- Describe the applicant's understanding of the Whole School, Whole Community, Whole Child (WSCC) model and the role of the school based health center within that framework.
- Describe the applicant's understanding of the integration of adolescent friendly health services in a SBHC.

B. Organizational Capacity and Experience (limit 5 pages)

- Describe the applicant's experience implementing primary, preventive and acute care for adolescents, adhering to national best practice standards.
- Describe the applicant's experience functioning as a medical home, working collaboratively with students (patients), parents, other health providers, and community organizations to ensure care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.
- Describe the organization's experience with data collection, tracking and analyzing health outcomes.
- Describe the applicant's experiences with and ability to implement continuous quality improvement activities for health services.
- Describe the applicant's capacity to fulfill performance requirements of SBHCs (as outlined in Section D- Scope of Services and Section E- Staff and Organization, Management, and Operations Infrastructure).
- Describe the applicant's staffing plan for the SBHC. Staffing plan should Describe staff qualifications and responsibilities and include type and number of FTEs. CVs, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe the staff recruitment plan, including a projected time line for recruitment and hiring. Describe the applicant's accounting structure. The structure should demonstrate the organization's ability to maintain effective internal controls and demonstrate the ability to provide accurate and complete information about all financial transactions related to this program.

C. Partnerships, Linkages, and Referrals (limit 5 pages)

- Describe the applicant's experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement health and/or public health programs.
- Describe past successes working with agencies and organizations in non-healthcare sectors to advance a public health goal and achieve improved education and health outcomes.
- Describe the applicant's experience successfully linking students (patients) to community resources.
- Describe the process for tracking outcomes for referrals and linkages for health services, social services and other community providers.

D. Implementation Narrative & Work Plan (limit 15 pages)

The implementation plan is a narrative that describes how the program will be implemented. The work plan describes key process objectives and goals for successful program implementation.

- Describe the organization's strategies for implementing the school based health center program utilizing the WSCC framework. Strategies should specify how core competencies of successful SBHCs (Section D of Performance Requirements) will be operationalized.
- Describe the organization's strategies for implementing the school based health center program utilizing an adolescent-friendly approach.
- Provide an annual work plan, using the template provided (Appendix B) that includes a chronological list and description and activities to be performed, the responsible staff, target

completion dates and projected outcomes. The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed). (Include your Work Plan as part of the Attachments).

- Describe how data will be collected and analyzed to meet requisite data requirements for reporting (see Section F- Data Requirements).
- Describe how the applicant will collect data on selected process measures cited in the implementation and/or work plan.
- Describe the applicant's strategies to implement CQI, including examples of proposed CQI projects.
- Describe how funding will support strategies that align with the goals of the initiative.

E. Evaluation Plan (limit 5 pages)

- Describe the evaluation framework that will be used to follow program outcomes, objectively measuring the effectiveness of the SBHC.
- Describe student health outcomes that may be achieved annually and during the entire program period (approx. 4 years). Potential outcomes should be both health and educational and based on available evidence.
- Describe how data will be collected to track outcome measures and document program effectiveness.

F. Budget Justification and Narrative

Applicants must submit a detailed line-item budget demonstrating a clear understanding of the total project cost. The line item budget justification and narrative should be separate attachments not to be counted in stated page limits and include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

VIII. EVALUATION CRITERIA AND SCORING

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

Background (5 Points)

- Does the applicant demonstrate a clear understanding of the needs, gaps, and issues affecting the selected population(s) and document a clear need for the proposed program interventions?
- Does the applicant demonstrate clear understanding of driving principles and frameworks (WSCC and adolescent-friendly services) to best fit the needs of the population and perform the work of the RFA?

Organizational Capacity and Experience (30 Points)

- Does the application demonstrate experience in serving the target population(s), including experience as a medical home providing primary, preventive and acute care needs for pediatric patients?
- Does the application demonstrate experience with data collection, tracking and analyzing health outcomes as well as carrying out CQI?

- Does the application provide an organizational plan to fulfill performance requirements of SBHCs as outlined in the Section D- Scope of Services and Section E- Staff and Organization, Management, and Operations Infrastructure?
- Does the application provide a staffing plan to fulfill requirements of the SBHC program? Has the application included key personnel, position descriptions, assurance of appropriate credentials, and staff recruitment plan, in accordance with Section E of Performance Requirements?
- Does the application describe an accounting structure that organization's ability to maintain effective internal controls and demonstrate the ability to provide accurate and complete information related to this program?

Partnerships, Linkages, and Referrals (10 Points)

- Does the applicant demonstrate experience and past successes working collaboratively with government agencies and non-healthcare sectors in implementing health and/or public health initiatives to advance a public health goal?
- Does the application describe partnerships, linkages, expertise and knowledge that will enable the applicant to link students and their families with community resources to support their health and wellness?
- Does the applicant provide a process for tracking outcomes of referrals and linkages?

Project Narrative and Work Plan (35 Points)

- Does the application detail strategies for implementing the school based health center program utilizing the WSCC framework?
- Does the application describe how program implementation will align with an adolescent-friendly approach to care?
- Do the applicant's strategies demonstrate how adolescent health will improve within the SBHC program and incorporate principles of health equity?
- Does the applicant provide an implementation plan that comprehensively incorporates core competencies described in Section D- Scope of Services?
- Does the application describe how data will be collected to meet requisite reporting requirements as well as plans for collecting data on selected process measures?
- Does the implementation plan contain an annual work plan, including SMART process objectives?
- Does the applicant clearly describe strategies to implement CQI within the SBHC program?
- Does the application demonstrate how funding will support strategies that align with the goals of the initiative?

Evaluation Plan (20 Points)

- Does the evaluation plan follow a standard scientific framework and include logic models?
- Does the applicant clearly describe program outcomes that meaningfully and objectively assess changes in student health under the SBHC program?
- Does the applicant clearly describe annual and longer term (i.e. over program period) program outcomes?

Budget and Budget Narrative (Reviewed, but not scored)

- Does the application include an itemized budget and reasonable justification consistent with stated objectives and planned program activities?

IX. APPLICATION SUBMISSION

Application Package

Complete Application Package shall contain the following:

- A DOH Application for Funding (Appendix D)
- Project Narrative
- Attachments
- Assurance & Certification Packet

Application Elements - Project Narrative & Attachments

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Implementation Plan
- Attachments
  - Work Plan (Attachment - Required Template)
  - Budget (Attachment - Required Template – Not Scored)
  - Letters of Support
  - Position Descriptions

- **Pre-Application Conference**

A Pre-Application Conference will be held on **April 8, 2016** from 11:00 pm to 12:00 pm. The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held in the District of Columbia's Department of Health at 899 North Capitol Street, NE, 3rd. Floor Conference Room 306, Washington, DC 20002.

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Charlissa Quick at **charlissa.quick@dc.gov**.

Please be sure to put "**RFA Contact Information**" in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number E-mail Address

This information shall be used to provide updates and/or addenda to the RFA.

- **Assurances & Certifications**

DOH requires all applicants to submit various certifications, licenses, and assurances to help ensure all potential awardees are operating with proper D.C. licenses. The complete compilation of the requested documents is referred to as the **Assurances Package**.

The Assurances Package must be submitted along with the application. Only ONE Assurances Package is required per submission. DOH classifies assurances packages into two categories:

1. Those "required to submit along with applications" and
2. Those "required to sign award agreements."

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.
If the applicant does not have current versions of the documents listed below on file with DOH they must be submitted with the application.

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

- ## Format

Prepare application according to the following format:

Font size: Times New Roman or Arial 12-point unreduced
Spacing: Double-spaced
Paper size: 8.5 by 11 inches
Page margin size: 1 inch
Printing: Only on one side of page
Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

- ## Submission

Submit four (4) hard copies (one marked "Original" and three additional copies) and one **(1) electronic copy via a flash drive** to the Community Health Administration (CHA) on or before 4:15 pm on May 2, 2016. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to: District of Columbia
Department of Health
Community Health Administration
3rd. Floor Conference Room
899 North Capitol Street NE
Washington DC 20002

- ## Contact Information

Grants Management
Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
Community Health Administration
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
Email: **bryan.cheseman@dc.gov**

Program Contact
Charlissa Quick
Community Health Administration
District of Columbia Department of Health
899 North Capitol Street, NE, 3rd Floor
Washington, DC 20002
Email: **charlissa.quick@dc.gov**

X. APPLICATION REVIEW & SELECTION INFORMATION

- ## Technical Review

  All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

- ## External Review Panel

  The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

  The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

- ## Internal Review

  DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System

for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

XI. Appendices

Appendix A: Definitions

For the purposes of this RFA, please use the following definitions as guidance:

Adolescent-friendly health services represent an approach that allows adolescents to easily obtain the health services that they need to protect and improve their health and well-being, including sexual and reproductive health services. The World Health Organization describes a quality of care framework to guide improving health service provision and utilization for adolescents. To be considered adolescent friendly, health services should be accessible, acceptable, equitable, appropriate and effective.

Care Coordination, as defined by the Agency for Healthcare Research and Quality, is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.

Case Management means a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources, balanced with the patient's right to self-determination.

Continuous Quality Improvement (CQI) is the process-based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality.

Early and Periodic Screening/Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

Health Equity means the highest level of attainment of health for all people. Everyone is valued equally, and there are focused and ongoing efforts to address avoidable inequalities and the elimination of health and healthcare disparities.

Local Wellness Policies are comprehensive policies to be implemented by each school as required by federal law. Local wellness policies aim to improve the environmental sustainability of schools, improve nutrition education and promotion, physical activity and other activities that promote student wellness. (DC Law 18-209, DC Code §38-821.01 et seq., Healthy Schools Act of 2010).

Medical home is described by the American Association of Pediatrics as a system of care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Medically Fragile Students mean students with healthcare needs that may require specialized healthcare procedures for life support and/or health support during the school day. This category does not include students who require one-on-one skilled nursing care throughout the day.

Outcome Evaluation measures program effects in the target population by assessing the progress in the outcomes that the program is to address.

Systems of care are a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Process Evaluation determines whether program activities have been implemented as intended and resulted in certain outputs.

Whole School, Whole Community, Whole Child (WSCC) Model means a child focused model of health and academic services that emphasizes a school wide approach and that acknowledges the school being a part and reflection of the local community. This model aligns, integrates and coordinates health, education and behavioral services to serve the needs of the whole child.

Appendix B: Work Plan Template

Applicant/Grantee Organizati
Contact Person:
Title:
Telephone:
Email Address:

DOH RFA# CHA.5SBHC.04.01.16
RFA Title: School-Based Health Clinics
Project Title:
Total Request $:
Primary Target Population:

PROPOSED WORK PLAN

GOAL 1: Insert in this space one proposed project goal. *Proceed to outline administrative and project objectives, activities and targeted dates in the spaces b*

Measurable Objectives/Activities:
Objective #1.1:
Key Indicator(s):
Key Partner(s):

	Key Activities Needed To Meet This Objective:	Start & Completion Dates		Key Personnel (Title)
1				
2				
3				

Measurable Objectives/Activities:
Objective #1.2:
Key Indicator(s):
Key Partner(s):

	Key Activities Needed To Meet This Objective:	Start & Completion Dates		Key Personnel (Title)
1				
2				
3				

Continue with this format to outline additional goals and related process objectives

Appendix C: Budget Format

RFA#: CHA.5SBHC.04.01.16

The following is a sample format to complete you budget narrative

[X] Application Budget Submission [ ] Pre-Award Revision#__ [ ] Post-Award Modification (Grant#_____)

Applicant/Grantee Organization: _____

Primary Contact Person: Telephone:

Person Preparing Budget: Telephone:

A. Salaries and Wages — Total: $

Name	Position Title	Annual Salary	Time	Months	Amount Requested
		$			$
		$			$

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits — Total: $

Fringe benefits are applicable to direct salaries and are treated as direct costs.

C. Consultants/Contracts — Total: $

Contractor #1		
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive
***If Sole Source** - include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of	End Date of Contract

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment **Total: $**

E. Supplies **Total: $**

Example: General office supplies (pens, paper, etc.) (Example: 18 months x $300/year x 2 staff) $1,200.00

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the award.

F. Travel **Total: $**

Provide details and rationale for proposed in-state and out of state travel

G. Other **Total: $**

Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost **Total: $**

Salary and Wages	$
Fringe	$
Contracts	$
Equipment	$
Supplies	$
Travel	$
Other	$
TOTAL DIRECT	$

I. Total Indirect Cost **Total: $**

Indirect cost is calculated as a percentage of total direct

costs (Direct Costs $ x 10%)

J. Total Financial Request Summary

Salary and Wages	$
Fringe	$
Contracts/Consultant	$
Equipment	$
Supplies	$
Travel	$
Other	$
Total Direct	$
Indirect Cost	$
Total Financial Request	$

Appendix D: Application For Funding

Department of Health District of Columbia
Application for Funding

RFA #	**CHA.5SBHC.04.01.16**	**RFA Title:**	School-based Health Centers Program
Release Date:	April 1, 2016	**DOH Administrative Unit:**	Community Health Administration
Due Date:	May 2, 2016	**Fund Authorization:**	Local DC Appropriated Funds (FY 16)

☒ **New Application** ☐ Supplemental ☐ Competitive Continuation ☐ Non-competitive Continuation

The following documents should be submitted to complete the Application Package:

- DOH Application for Funding (inclusive of DOH & Federal Assurances & Certifications)
- Project Narrative (as per the RFA Guidance)
- Project Work Plan (per the RFA Guidance)
- Budget and Narrative Justification
- All Required Attachments
- An Assurance and Certification Package

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile:		**2. Contact Information:**	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			

3. Application Profile:

	Program Area:	**Funding Request:**
Select One Only:	[ ] School-based Health Center Program	
	[ ]	

Proposal Description: 200 word limit

Enter Name & Title of Authorized Representative

Date

Appendix E: Application Receipt

Application Receipt for CHA.5SBHC.04.01.16

The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to CHA.5SBHC.04.01.16. The application package has been submitted by an authorized representative for the following organization:

_____

(Applicant Organization Name)

_____

(Address, City, State, Zip Code)

_____ _____ _____

(Telephone) (Fax) (E-mail Address)

Submitted by: _____ (Contact _____

Name/Please Print Clearly) (Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____

2. Amount Requested: _____

3. Program / Service Area for which funds are requested in the attached application: *(check one)*

[ ] School-based Health Centers

District of Columbia Department of Health Use Only

ORIGINAL APPLICATION PACKAGE AND_____(NO.) OF COPIES	Date Stamp
Received on this date:_____/_____/ 2016	
Time Received: _____	
Received by:_____ Tracking # _____	

APPENDIX F. APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DOH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the

award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.

11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over $100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;

12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
    1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

    2) Establish a drug-free awareness program to inform employees about:
        a. The dangers of drug abuse in the workplace;
        b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
        c. Any available drug counseling, rehabilitation, and employee assistance programs; and
        d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

    (3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification.

2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends $750,000 or more in federal funds within the recipient's last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee's last fiscal year, were you required to conduct a third-party audit?	☐ **YES** ☐ **NO**
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	☐ **YES** ☐ **NO**
C. Executive Compensation: For an award issued at $25,000 or above, do Applicant/Grantee's top five executives <u>do not receive</u> more than 80% of their annual gross revenues from the federal government, Applicant/Grantee's revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. *If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.*	☐ **YES** ☐ **NO**
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	☐ **YES** ☐ **NO**
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award.	☐ **YES** ☐ **NO**

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DOH, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign: Date:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME:

Typed Name and Title of Authorized Representative

Signature Date